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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

API NO. 30-025-27118

Operator Phillips Petroleum Company	
Address Room 401, 4001 Penbrook Street, Odessa, Texas, 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

NA

I. DESCRIPTION OF WELL AND LEASE

Lease Name East Vacuum Grayburg San Andres Unit, Tr. #2739	Well No. 008	Pool Name, including Formation Vacuum Gb/San Andres	Kind of Lease State, Federal or Free	Lease No. B-1840-1
Location				
Unit Letter <u>L</u> : <u>2600</u> Feet From The <u>south</u> Line and <u>50</u> Feet From The <u>west</u>				
Line of Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas, 79762	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 28
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? <u>Yes</u> When <u>10-15-81</u>	

If this production is commingled with that from any other lease or pool, give commingling order number:

NA

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-18-80	Date Compl. Ready to Prod. 6-3-81		Total Depth 4800'		P.B.T.D. 4754'			
Elevations (DF, RKB, RT, GR, etc.) 3944.9' GL, 3944.9' RKB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 4029'		Tubing Depth 4542'			
Perforations 4411-4413, 4430-4448', 4487-4496'					Depth Casing Shoe 4800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		354' (400 sxs C1 "C" w/2% CaCl2. Circd		to surface)			
7-7/8"	7"		4800' (800 sxs TLW w/12#/sx Salt, 10% DD,		75 sxs.)			
(followed w/300 sxs C1 "C" w/16#/sx salt-circd.								

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks 10-15-81	Date of Test 10-16-81	Producing Method (Flow, pump, gas lift, etc.) Insert Pump 2-1/2" x 1-1/2" x 16'	
Length of Test 24 Hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 142	Water-Bbls. 0	Gas-MCF 21

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


W. J. Mueller
(Signature)
Senior Engineering Specialist
(Title)
November 12, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 16 1981, 19
BY Jerry Sexton
TITLE Dist. 1, Supd.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

INCLINATION REPORT

OPERATOR PHILLIPS PET. CO. ADDRESS BOX 2130, HOBBS, N.M. 88240
 LEASE NAME East Vacuum Grayburg/San WELL NO. 008 FIELD Vacuum GB/SA
Andres Tract 2739
 LOCATION 2600' FSL and 50' FWL, Section 27, T-17-S, R-35-E, Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
354	1/4	1.5576	1.5576
594	1/2	1.0560	2.6136
964	1/2	1.6280	4.2416
1459	1/2	2.1780	6.4196
1959	3/4	6.5500	12.9696
2572	1	10.7275	23.6971
3095	1	9.1525	32.8496
3528	1	7.5775	40.4271
3959	3/4	5.6461	46.0732
4160	1 1/2	5.2662	51.3394
4692	1	9.3100	60.6494
4800	1 1/4	2.3544	63.0038

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

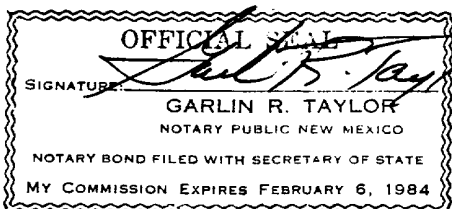
Denise Leake
 TITLE OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DENISE LEAKE
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

Denise Leake
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 5 day of JANUARY, 1981



SEAL

Notary Public in and for the County
 of Lea, State of New Mexico